STATE TRAUMA ADVISORY BOARD MINUTES

January 18, 2007 150 North 18th Avenue, Conference Room 540-A

Members Present: Members Absent:

Ben Bobrow (Chairman) Victor McCraw Ritch Steven
Scott Petersen Debbie Johnston John Porter
Dave Ridings Philip Johnson Michelle Ziemba
Mark Venuti Roy Ryals Jeff Farkas
Kelly Silberschlag Charles Allen Robert Galey

Jim Flaherty Anslem Roanhorse

Bill Ashland Stuart Alt

Stewart Hamilton

I. <u>CALL TO ORDER</u>

• Ben Bobrow, Chairman, called the regular meeting of the State Trauma Advisory Board to order at 10:10 a.m. A quorum was present. Stewart Hamilton was available by conference call.

II. <u>DISCUSSION AND ACTION ON NOVEMBER 2, 2006 MINUTES</u>

• A motion was made by Mark Venuti and seconded by Stuart Alt to approve the minutes of November 2, 2006. **Motion carried**.

III. REPORTS

A. Report from the Office of the Director:

- 1. Discussion and Status of Bureau of Emergency Medical Services and Trauma System, Public Health Preparedness Services, Division of Public Health Services, and Department of Health Services
 - Terry Mullins, Bureau Chief announced that the Director's Advisory Committee on diversion has gone through a formal process getting recommendations from the various subcommittees. The Committee has reviewed them and has come forth with a number of issues that are likely to be part of the Director's formal recommendations.
 - The Alternative Destination pilot project has moved forward. The final pilot project has been approved by the Director.
 - We are in the process of evaluating a potential substantive policy statement regarding the role of EMTs in hospitals. The draft document has been submitted to various stakeholders.
 - There will be a meeting on January 31, 2007 to help clarify that position and provide guidelines for the EMTs.
 - A number of issues have moved forward through the Education Subcommittee associated with some public service announcements.
 - A number of organizations got together to create a media-spot focusing on flu vaccinations and flu prevention.
 - During the media-spot there is reference to go the American College of Emergency Physicians (ACEP) website for guidance in when to seek care from an Emergency Department.

• The Best Practice Subcommittee is still active though 4 out of the 5 subcommittees are in recess.

Item: Best Practice Subcommittee - Update

Follow Up: Next STAB Meeting

When: April 19, 2007 Who: Terry Mullins

B. Report from the Bureau Chief

• Terry Mullins announced that the Bureau now has a Biostatistician, Vatsal Chikani, who will be working with the trauma data and SHARE data, and will be doing data-related projects.

C. Report from the Chairman:

- 1. Introduction of New Member Representing a Fire Department in a County with a Population of Five Hundred Thousand Persons or More
 - Ben Bobrow introduced Dave Ridings from the Tucson Fire Department. This position was formerly held by David Leinenveber.
- 2. Member's Terms Expiring
 - Vicki Conditt distributed letters signed by the Director, Susan Gerard and letters signed by the Medical Director, Ben Bobrow confirming the reappointments of:
 - o Charles Allen, Bill Ashland, John Porter, Scott Petersen, and Philip Johnson

D. Report from the Bureau of Public Health Statistics, Office of Health Registries:

1. Update on Status of State Trauma Registry – Anita Ray

- The Arizona State Trauma Registry has (ASTR) 11 reporting hospitals, 7 are designated as Level I trauma centers. Data is submitted quarterly based on ED Arrival Date. 9 out of the 11 reporting hospitals have submitted third quarter data due January 2nd. One of these submissions was partial data. Three out of the 11 facilities are working to catch up on data entry to meet deadline requirements.
- We are continuing to identify corrections to the system that need to be made. The E-code reporting issue has been resolved. From running reports, we can tell there are several data entry issues, especially with regard to blank fields for required data elements. Data audit filters are needed to help assess the data as it is coming in.
- The software vendor is finishing conversion of the database from FoxPro to Oracle to increase the capacity of the database.
- We are working with our ITS department and hospital staff to implement electronic data submission.
- Another Trauma Registry Users Group (TRUG) meeting was held November 14th. The next TRUG meeting is scheduled for 1/25/07 to discuss the differences between state and national trauma registry required data elements.
- The draft Trauma Registry User Manual is being emailed out in sections to TRUG members for review.
- The trauma registry rulemaking work group met on 1/10/07 and discussed

registry inclusion criteria. Another rulemaking meeting is scheduled for next month.

IV. <u>DISCUSSION AND ACTION ITEMS</u>

A. STAB/AZTQ Resolution

A motion was made by Stuart Alt and seconded by Scott Petersen that the Arizona
Department of Health Services has selected the State Trauma Advisory Board
(STAB) and the Arizona Trauma Quality Committee (AZTQ) to serve as the
Department's quality assurance committees and that STAB and AZTQ accept those
responsibilities.

A friendly amendment was accepted by Stewart Alt and seconded by Scott Petersen to change the motion: STAB and AZTQ agree to serve as the Department's trauma system quality assurance committees. **Motion carried**.

- A question was asked whether any information relayed to the members is non-discoverable.
 - o Sarah Harpring reported that they are working on a substantive policy statement that interprets A.R.S. § 36-2220. This addresses disclosure of information when it comes to the other departments. It has been reviewed by the Attorney General and it needs to be reviewed by Terry Mullins.
 - o If the data was already non-discoverable in the hands of the Department, it would continue to be non-discoverable in the hands of the Department.
 - o If the data is discoverable, having it considered in quality assurance doesn't change the nature (whether it is discoverable or non-discoverable).
 - o If there are identifiers, for example, the patient, facility, patient family, or healthcare provider, this information cannot be disclosed.

B. ACS Trauma System Consultation Visit scheduled for 6/26-29/07 – Update

• Vicki Conditt reported that an initial American College of Surgeons (ACS) work group meeting was held on December 19, 2006. The logistics of the ACS consultative visit on June 26 – 29, 2007 were discussed. The ACS Pre-review questionnaire was distributed and everyone was asked to answer each question as best they can. All the responses will be compiled from the state's perspective, a trauma center's perspective and from the regional perspective. A follow-up work group meeting is scheduled for February 6, 2007.

Item: ACS Consultative Visit Work Group

Follow Up: Next Meeting
When: February 6, 2007
Who: Vicki Conditt

- A motion was made by Scott Petersen and seconded by Stuart Alt that a STAB special meeting be held the first week in April to review the Pre-review questionnaire and present the final document to STAB for approval at the April 19 regular meeting. Motion carried.
- It was recommended that everyone be involved with the efforts of each of the

regional councils in order to include the regional perspective.

Item: Special Meeting

Follow Up: Pre-review Questionnaire

When: Before the next STAB Meeting – April 19, 2007

Who: Vicki Conditt

C. Centralized Radiologic State Trauma Site

- Philip Johnson reported that most sending institutions have their radiologic system digitalized. Currently Navapache Regional Medical Center sends their radiologic tests to an Australian website during after-hours. He recommended that Navapache have the capability to look at the CT scans onsite to provide better patient care. If the radiologist could send films directly to a website it would be a faster process. This would be a centralized trauma radiologic website.
- Other concerns using this type of process:
 - o Access code to ensure HIPAA Compliance
 - o Anything that can be digitalized
 - o Encryption
 - o Funding
 - o Confidentiality
- Recommendations that were made:
 - o Have people with expertise in this area brainstorm
 - o Talk to AzTRACC
 - o Talk to the Hospital Association
 - o Combine hospitals and develop something together
- Debbie Johnston stated that she will talk with Phillip Johnson and then discuss with a staff person at the Hospital Association.

D. Statewide Trauma Phone Referral Line

- Bill Ashland stated that a referral line had come out of a public health grant on to the University Medical Center, Tucson's public health department. They did a rural trauma assessment about two years ago. This included the Southern and Northern Region. He worked with Dan Spaite on this assessment. The overwhelming problem was their ability to deal with trauma on the phone. They spent many hours giving the same report over and over again trying to facilitate a transport.
 - o The proposal is for a one phone call system
 - o Regionalize it so the call goes to the closest facility
 - o If that facility did not have the capabilities to take care of that patient then they would facilitate the call
 - o If this was done on a regional level each region would have a call roster
 - o Advice and referral on many different issues
 - o Referral line would cost a little over \$16,000 per year
 - o Facilitate transport if it needs to happen
- Other concerns using this trauma phone referral line:
 - o Would this be limited to rural areas only?
 - o Where does the funding come from?
 - o EMTALA issues

- o Referrals for subspecialty physicians
- o Giving advice to a patient over the phone without being seen
- Recommendations that were made:
 - Taking this to AzTRACC
 - o Evaluate at the Department level
 - o Do an assessment
 - o Form a task force

Item: Centralized Radiologic State Trauma Site

Follow Up: Evaluate and Assess Feasibility

When: Future

Who: Terry Mullins

E. Statement of Compliance Forms – Members who were absent for the last meeting

Statement of Compliance forms were distributed to members who were absent at the last meeting. The completed forms will be kept on file in case any future meetings go into Executive Session.

F. Inter-rater Reliability Test

• Georgia Yee reported that they are in the process of doing a reliability study with all of our trauma registry data. We plan to develop some test cases that we would send out to all the hospitals asking them to code the information and give it back through their routine data submission. We can then assess the coding consistency among the coders. We can also assess how clear the user manual is, and any areas that may need additional training. We are hoping to get some expert hospital trauma staff to help develop gold standards.

G. Rulemaking Work Group - Update

- 1. Trauma Registry
- 2. Trauma Patient Registry Inclusion Definition
 - Vicki Conditt reported that the initial rulemaking work group meeting was January 10, 2007. The focus of the first meeting was to review, streamline, and clarify the patient registry inclusion definition. Sarah Harpring has developed a revised draft rulemaking. The next meeting will be February 13, 2007. The draft will also be on the website.

H. Report from AZTQ Meeting - Marcia Barry, AZTQ Vice-Chair

- 1. AAAM/AIS Code and ICD-9-CM Code State Required Data Elements
 - Marcia Barry reported that the level I trauma centers are currently doing the AAAM/AIS full-coding and all but one are doing ICD-9-CM coding. For the smaller hospitals (Level IV), non-designated hospitals, and non-level I trauma centers, it is an additional burden to collect the AAAM/AIS coding because of the expense and training.
 - Marcia Barry reported that the decision made at AZTQ was that all
 participants in the registry would be required to submit to the trauma registry

- ICD-9-CM codes and the level I centers would also be required to submit the AAM/AIS coding (full coding for the severity score).
- Reviewed STAB performance indicators, discussed Inter-rater Reliability and reviewed the trauma reports.
- 2. TRUG Discussion National Trauma Registry Data Elements
 - Continued discussion ensued regarding adding additional data elements to bring the state trauma registry in line with the NTDB per the ACS Guidelines.
 - This item will be discussed at TRUG next week

Item: National Trauma Registry Data Elements

Follow Up: TRUG Meeting When: February 25, 2007

Who: Anita Ray

- 3. Review trauma registry data/reports
 - Anita Ray stated that the 2005 report is a completely updated report that includes additional data submitted to the registry. A copy of this report has been posted on the Bureau's website.
 - This is a preliminary report, there are still alot of blanks.
 - We have to make sure we have complete data so we know the reports are accurate.
 - A question was asked whether the data on the report included successful intubations there is no way to determine that based on the data elements.
 - It was recommended that we add paralytic uses as a data element
 - It was recommended that we get a complete count of how many times paralytics were used, how many intubations were performed, and how many of the intubations were successful.

Item: Adding paralytic uses as a data element/RSI/ Intubation and whether the

final outcome of each was successful or not

Follow Up: TRUG Meeting When: February 25, 2007

Who: Anita Ray

V. <u>CALL TO THE PUBLIC</u>

No one came forward.

VI. <u>SUMMARY OF CURRENT EVENTS</u>

VII. ANNOUNCEMENT OF NEXT MEETING

The next regular STAB Meeting will be held on April 19, 2007.

VIII. ADJOURNMENT

The meeting adjourned at 11:20 a.m.

Approved by: State Trauma Advisory Board

Date: April 19, 2007 6